



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF HEALTH  
729 CHURCH STREET  
NASHVILLE, TENNESSEE 37247-6501

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dear Provider:

Your request for reimbursement to begin \_\_\_\_\_ for \_\_\_\_\_ has been denied for the reason(s) checked below.

- ☒ X TennCare 1200-13-1-.10(3)(a)1. requires that a PAE be received by the Bureau of TennCare within 30 days of the PAE request date or the physician certification date, whichever is earlier. The facility did not comply with this regulation.
- \_\_\_\_\_ TennCare Rule 1200-13-1-.10(3)(a)2. requires that the Bureau of TennCare receive a same level Transfer Form within 30 days of the admission into the same level of care at the admitting Nursing Facility. The facility did not comply with this regulation.
- \_\_\_\_\_ For retroactive reimbursement, TennCare Rule 1200-13-1-.10(3)(a)3. requires that the Bureau of TennCare receive a PAE within 30 days of the mailing date of the letter from the Department of Human Services giving notice of financial eligibility. The facility did not comply with this regulation.

The PAE was originally in our office on \_\_\_\_\_. Our Medical Director has agreed to go back 30 days (to \_\_\_\_\_), if the physician appropriately completes and signs the retroactive certification section of the PAE.

It is the responsibility of the facility to submit timely requests. Since the facility did not comply the recipient cannot be billed for the time period not covered TennCare rule 1200-13-1-.10(3)(d).

You have the right to request an appeal within 30 days of receipt of this notice.

Sincerely,

Eleanor F. Brantley, RN  
Medical Review Unit

Revised 09/05/00